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AUTHOR Jackson, Iris
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ABSTRACT

Members of the helping professions are not immune from physical or psychological impairments that interfere with competent and ethical practice. The types of problems faced by psychologists and the help offered by one support program are presented. The purpose of the Psychologist Support Program (PSP) of the Ontario (Canada) Psychological Association (OPA) is to assist individual OPA members who may be experiencing personal or lifestyle problems. It is intended to address the needs of psychologists who seek out assistance for themselves. Many of these problems are stress-related or stress-causing. The structure of the support program is such that help is available to any OPA member. Details of the services offered by peer consultants and the procedures for using the program are provided. Some of the myriad of issues affecting psychologists are addressed, such as confidentiality and the limits of confidentiality in the context of the PSP. Despite publicity for the program, only five psychologists registered to be peer consultants, and no caller has identified him or herself when calling the referral service. Some of the reasons behind this include: (1) the professional paradox; (2) malignant denial; (3) the concerns psychologists have about confidentiality; and (4) guild protectiveness. (RJM)

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The Psychologist Support Program
of
The Ontario Psychological Association

Dr. Iris Jackson, C.Psych.
Gilmour Psychological Services
437 Gilmour Street
Ottawa, ON K2P 0R5 Canada
(613) 230-4709

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THE ONTARIO PSYCHOLOGICAL ASSOCIATION

PSYCHOLOGIST SUPPORT PROGRAM [1]

Psychologists have an ethical as well as a legal responsibility to perform their function in a manner that respects the dignity and worth of those they serve, and that is consistent with the highest standards of competence. When a psychological or physical impairment compromises a psychologist's ability to perform according to the expected standards of practice, the welfare of the clients may be threatened and the psychologist's professional credibility is compromised.

Members of the helping professions are not immune from impairments that interfere with competent and ethical practice. This has been illustrated repeatedly (cf. Brodie & Robinson, 1991; CPSO Task Force on Sexual Abuse, 1991; Forer (1968), cited in Pope et al., 1986; Sinclair, 1992; and Stake & Oliver, 1991). While sexual abuse of clients has received the most attention recently, Brodie and Robinson (1991) reported a wide range of impairments in psychologists, including psychosis, aggression, stress, substance abuse, problems with professional issues, business related problems, anxiety, depression, poor judgment, and physical impairments.

Furthermore, there is evidence that psychologists are reluctant to report problems that they observe in colleagues (Bouhoutos, et al., 1983; Noel, 1986; Stake & Oliver, 1991) or to seek help for themselves when afflicted (Mukherjee, 1991). Mukherjee cites respondents' fears of litigation, professional censure, reproach from colleagues, embarrassment, and lack of guidelines for identification of impairment or remedial action, as obstacles to reporting. If psychologists continue to practice while distressed, the public whom they serve may be placed at risk. Therefore, inducements are required to encourage psychologists to recognize their impairments sooner, and to seek assistance or remediation.

The Development of OPA's Psychologist Support Program

In developing its Psychologist Support Program (PSP), The Ontario Psychological Association (OPA) opted for a collegial, non-intrusive, voluntary and independent format, with an arm's length relationship to the College of Psychologists of Ontario. The purpose of the Psychologist Support Program (PSP) of the Ontario Psychological Association (OPA) is to assist individual OPA members who may be experiencing personal or lifestyle problems. It is intended to address the needs of psychologists who seek out assistance for themselves. In exceptional cases, the College of Psychologists of Ontario may wish to refer a psychologist to the PSP for assessment or treatment.

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[1] This program was developed for OPA by Drs. Iris Jackson, Virginia Carver, Larry Cebulski, Henry Edwards, Tim Hogan and Frances Smyth and approved by OPA's Board of Directors in February, 1994.

More specifically, the PSP has been designed as a confidential and readily accessible professional service, provided by fellow OPA members. It is hoped that such a service will encourage psychologists in need to seek early resolution of problems that may be interfering in their personal or work life.

Types of Problems Addressed By the OPA Psychologist Support Program (PSP)

A variety of problems encountered by psychologists may motivate them to seek assistance from the PSP. In general, these would be stress-related or stress-causing problems that may strain or diminish the psychologist's capacity to function effectively personally and professionally. In such cases, it is all too easy for him or her to be caught in a vicious circle, such that problems beget problems and attempts to resolve the problems may exacerbate and compound the difficulties. The person may then feel as if he or she is pushing the rock of Sisyphus, and thoughts of embarrassment or self-blame may make matters worse (e.g. "*This shouldn't be happening to me. I'm a psychologist! What will my colleagues say?*"). There may also be some form of denial (for example, blame for significant family issues may be falsely attributed to the psychologist's spouse).

In a survey undertaken by OPA in 1993, psychologists were asked if they had experienced problems during their careers, at a level that may have affected their functioning as psychologists, in the following areas:

couples problems
substance abuse (self)
trouble with the law
anxiety / stress
eating disorder
victim of violence
suicidal ideation/attempt
sexual dysfunction
agoraphobia
memory/cognitive problem
assertiveness problem
major mental illness, e.g. schizophrenia
chronic physical disability
family problems
substance abuse (other)
depression
other emotional problems
incest survivor
financial problems
burnout
dual relationship with client
phobias (various)
adjustment to transition
low self-esteem
physical health problem

In their replies to the survey, OPA members reported that they had experienced the following problems, and they indicated for each problem the likelihood of using the PSP to assist them, as follows:

Problem	Reported Experience N	%	Potential PSP Use N	%
couples problem	98	53%	85	46%
family problem	62	34%	72	39%
anxiety/stress	110	60%	98	53%
burnout	61	33%	76	41%
depression	59	32%	72	40%
transition adjustment	47	25%	62	34%
self-esteem	39	21%	57	31%
assertiveness	37	20%	60	33%
physical health	39	21%	50	27%

Note: There were 183 respondents. All % are percentages of this total.

According to this information, the most likely referrals to the PSP would have to do with home based issues and personal problems related to anxiety, stress, depression, and burnout. For many people, these issues may be interrelated. One may also hypothesize that other issues such as substance abuse, eating disorders, suicidal ideation, financial problems and dual relationships with clients may be interwoven in this fabric. Some of these will no doubt be brought forth as presenting problems, while others may emerge as counselling or psychotherapy progresses.

The Structure and Organization of the Psychologist Support Program (PSP)

Who may benefit from the PSP program?

This program is available to any OPA member. At this juncture it is not available to family members as clients in their own right, though they may participate and benefit in the context of an OPA member seeking marital/family therapy for herself or himself.

Listing of PSP peer consultants:

The OPA maintains a list of peer consultant psychologists within each region who have agreed to provide assessment, referral and/or treatment services to colleagues. The list is part of the general referral service list. The list will specify the areas of practice of each peer consultant, the language(s) in which the consultant can provide services, and whether or not the consultant has attended a workshop on providing peer consultation.

Fees charged by PSP peer consultants:

An initial assessment and appropriate referral is provided free of charge by the peer consultant. If further treatment with the peer consultant is mutually agreed upon, this may be provided free of charge, at a reduced rate, or at the normal OPA fee scale.

How psychologists can select and contact a PSP peer consultant:

A psychologist who wishes to benefit from the PSP (PSP client) proceeds as follows:

1. He or she would telephone the referral line at the OPA office, identify himself/herself as an OPA member, indicate that he/she wishes to contact a PSP peer consultant, and,

    a) provide the following information: region in which the PSP client resides, region in which she or he wishes the PSP service to be provided, preferred language, and general nature of the problem; and,

    b) ask for the names of up to three PSP peer consultants in the region where he or she would like to receive service.

2. He or she would then telephone one or more PSP peer consultants, in order to make an initial appointment with one of them. The peer consultants should be informed at the start of the first telephone contact that their names were obtained from the OPA PSP (Psychologists Support Program).

How psychologists can be listed as a PSP peer consultant:

Any person who is registered and in good standing as a psychologist by The College of Psychologists of Ontario, who is a member of OPA, and whose areas of practice coincide with the services provided by the PSP, may volunteer for listing as a PSP peer consultant.

No special qualifications beyond those required to provide the relevant psychological services to the general public are required. In terms of commitment, it is hoped that those seeking to be listed as peer consultants will make a serious commitment to this program for a minimum of two years.

Psychologists who meet the above requirements and who wish to be listed as PSP peer consultants do the following:

1. They contact the OPA office, request to be listed as a PSP peer consultant, and provide the following information: name, address, work telephone number, region, language, area(s) of practice, and number of the Certificate of Registration as a psychologist in Ontario.
2. They then await a call from the OPA regional director who, upon receipt of the above information, will contact the psychologist in order to welcome her or him to the program and answer any questions that may arise.
3. On a voluntary basis, if possible, they attend an OPA-sponsored PSP workshop intended to clarify the nature and purpose of the PSP, address the unique features of working with psychologists as clients, and discuss such issues as confidentiality and regulatory implications. It is proposed to offer PSP workshops at the annual meeting of OPA, during the Fall Institute, and where feasible, at the regional level.

Confidentiality, its importance and its limits in the context of the Psychologist Support Program (PSP):

The importance of confidentiality in the psychologist-client relationship is well established. For example, psychologists understand the importance of confidentiality in establishing and maintaining the therapeutic alliance with their clients.

While confidentiality is important for all clients, it is arguably even more important for the PSP client, who is a professional registered with College of Psychologists of Ontario, because in this case a breach of confidentiality may place his/her professional reputation, or even his/her livelihood, at risk. Of all the concerns raised by those who responded to the OPA survey about the development of a PSP, the need for confidentiality was the most often cited.

Psychologists are aware that there is a limit to the confidentiality that they can offer clients, because in Ontario a client's communication with a professional is not formally "privileged" in the same manner as communication with a lawyer. This means that a psychologist and his or her records can be subpoenaed by a lawyer, judge or master of the court. The psychologist's records and testimony then become part of the public record involving the client. Therefore, psychologists must inform their clients of the limits of confidentiality by the end of the first intake session.

A NOTEWORTHY DILEMMA:

When a psychologist (PSP peer consultant) is treating a PSP client, who is also a regulated professional, a dilemma arises from the potential need of the PSP client to communicate something that is a reportable offense. The limits of confidentiality must be made highly visible by the peer consultant, but this carries the risk that the PSP client will be afraid to disclose and thereby not benefit from treatment. Therefore, the peer consultant must inform the PSP client of the limits of confidentiality, but must do so in such a way that the PSP client sees some benefit from the disclosure even if being reported the College of Psychologists of Ontario would be an unavoidable consequence.

In the case of PSP clients who are registered by the College of Psychologists of Ontario, there are explicit limits to the confidentiality that peer consultants can provide. Some of these limits are legal while others are ethical, as follows:

a) **Mandatory reporting of a child at risk**:
Professionals who become aware that a child is at risk of sexual or physical abuse must report this, and the name of the abuser, to the Children's Aid Society (Child and Family Service Act, 1985). Therefore, if a peer consultant becomes aware that the psychologist being treated has abused children, the peer consultant must report the PSP client's name to the Children's Aid Society. The penalty for not reporting is a fine of $1,000 or two years in jail.

b) **Mandatory reporting of sexual abuse of a patient/client:**
All regulated health professionals must report, to the appropriate College, the sexual abuse of a patient or client by another health professional who is a client [Bill 100 (1993), An Act to Amend the Regulated Health Professions Act (1992)]. Sexual abuse is defined very broadly. It includes sexual intercourse and other forms of genital sex, sexual touching inappropriate to the health service provided, and sexual words and gestures inappropriate to the health service provided. There is very little room for discretion in reporting, and the penalties for non-reporting are severe; that is, a fine up to $35,000 and loss of Registration. It should also be noted that psychologists' codes of ethics (CPA, APA & ASPPB) all prohibit the sexual exploitation of clients/patients by psychologists [see for example Principles I.4 and II.26 of the Canadian Code of Ethics, and Section 4, Therapy (4.05, Sexual Intimacies With Current Patients or Clients), APA Code of Ethics].

c) **The duty to warn potential victims of violence:**
Psychologists have a duty to intervene when a client indicates that he or she intends to do serious harm to someone else. The duty to intervene goes beyond treatment interventions, efforts to hospitalize the client, or informing the police. The psychologist must inform the potential victim of violence (case law based on the Tarasoff decision in California; Canadian Code of Ethics, Principle II.36; APA Ethics Code, 5. Privacy and Confidentiality, 5.05 Disclosures; ASPPB Code of Conduct, E. Protecting Confidentiality of Clients, 2. Disclosure without informed written consent).

d) **Reporting of the potential to do serious harm to clients:**
Psychologists are required by statute (Regulated Health Professions Act, 1992), and also by standards of practice and ethics (Canadian Code of Ethics, II.36; APA Ethics Code, 8, 8.05; and ASPPB Code of Ethics, E.2) to report other psychologists whom they know, potentially or actually, to be seriously harmful to their clients. Serious harm

is defined by the Complaints Committee of the College of Psychologists of Ontario as any deleterious effect (psychological, emotional or physical) that has an abiding impact on the life and well being of the client. Serious harm can range from the client's anguish at the capricious loss of a child's custody to the therapeutic consequences of a psychologist's impairment due to such factors as substance abuse or brain damage. Generally, the PSP peer consultant would only report on the basis of behaviour that has already occurred rather than potential behaviour, unless the psychologist/client states that he/she is planning something that would (in the judgment of the peer consultant) harm a client, and cannot be dissuaded from it.

e) **Disposition of records in the event of death or disability:**
The College of Psychologists of Ontario requires every psychologist to indicate to whom he or she would leave the clients' records in the event of the psychologist's death or disability (Regulated Health Professions Act, Regulations, 1992). The guardian of the records must be another psychologist. The records are to be left for protection, not for examination. All clients have a right to know with whom their records will be left. If a client objects to the proposed guardian, another psychologist may need to be selected for that client's records. This is an important regulatory requirement.

The Progress of OPA's PSP: Where We Are Today:

Although the Ontario Psychological Association has publicized the **Psychologist Support Program,** only five psychologists have actually registered to be peer consultants and no psychologists have identified themselves when calling the referral service. In other words, while psychologists may have called the referral service to get the names of colleagues in their geographic area, they have not identified themselves as seeking a peer consultant. Interestingly, OPA's Psychologist Support Program is not the only organization that has been met with apathy. In Ontario, *Project Turnabout*, for nurses, has been disbanded. *Doctors on Chemicals* has been reorganized as the *Physician Health Program*. The *Ontario Health Professionals Assistance Program*, a commercially developed, expensive assessment and referral program died because it was too expensive for most health professional associations to purchase for their members

A literature review by York University students, Barbara Mongrain and Terry Simonik shed some light on why psychologists may not have accessed the Psychologist Support Program as frequently as we had expected. These reasons include:

1. ***The Professional Paradox,*** Nace (1995) discussed certain characteristics of health professionals which are initially strengths but which later delay acceptance of the need for help. These include a high sense of self-efficacy, high endurance or stamina, a high sense of responsibility, and a strong desire to help others. Health care professionals tend to believe they should have known better and that their self-directed efforts will be enough.

2. ***Malignant Denial.*** Hankes and Bissell (1992) write about physicians' tendency to believe in myths of their own omniscience and omnipotence. That is, they believe impairment won't happen to them and if it does they will be able to handle it because of their specialized information and skills. Psychologists are prone to this form of denial too.

3. ***The Concerns Psychologists Have About Confidentiality.*** The Ontario Psychological Association's survey respondents certainly cited confidentiality as a concern. Kaufman (1995) also writes about health care professionals' concerns about breaches of confidentiality disrupting their reputations and thus their livelihood.

4. ***Guild Protectiveness.*** Denial, conspiracy of silence, or misguided protectiveness towards one's own appears to characterize psychologists at least as much as other professionals (Skorina, DeSoto and Bissell, 1990).

In spite of these factors, it is my opinion that the usefulness of OPA's Psychologist Support Program is going to grow. The Regulated Health Professions Act requires our regulatory body to develop *Quality Assurance Programs*. In Ontario, the College of Psychologists is leaning toward practice audits as the main mechanism to assure the quality of psychological services offered to the public. Nothing cuts through denial as quickly as a direct confrontation with reality. In addition to the College's push for professional accountability, the OPA plans continued efforts to promote awareness of the **Psychologist Support Program** through workshops for prospective peer consultants and articles in our journal, ***The Ontario Psychologist.***

REFERENCES

American Psychological Association (1992). *Ethical Principles of Psychologists and Code of Conduct*. Washington, D.C.: American Psychological Association Press.

Association of State and Provincial Psychology Boards (ASPPB) (1991). *A Code of Conduct for Professional Psychologists*. Montgomery, ASPPB

Bill 100 (1992): An Act to Amend the Regulated Health Professions Act, 1991. 2nd Session, 35th Legislature, Ontario. Toronto: Queen's Printer for Ontario.

Bouhoutsos, J., Holroyd, J., Lorman, D., Forer, B., and Greenberg, M. (1983). Sexual intimacy between psychotherapists and patients. *Professional Psychology: Research and Practice, 14*, 185-196.

Brodie, J. and Robinson, B. (1991). Distressed/impaired psychologists survey: overview and results. *Minnesota Psychologist*, July, 1991.

Canadian Psychological Association (1991). *Canadian Code of Ethics for Psychologists, Revised*. Ottawa, ON: the Canadian Psychological Association.

College of Physicians of Ontario (1991). *Task Force on Sexual Abuse of Patients*. Final report.

Hankes, L. and Bissell, L. (1992) Health Professionals. In Lowinson and Ruis (eds.), *Substance Abuse; A Comprehensive Text Book*, New York.

Kaufman, I.M. (1995) Physicians and Drug Addiction. *The Canadian Journal of Continuing Medical Education*, October, 41-45.

Mukherjee, A. (1991). MPA distressed/impaired psychologists survey: summary of responses to open-ended questions. *Minnesota Psychologist*, July, 1991.

Nace, E.P. (1995). *Achievement and Addiction - A Guide to the Treatment of Professionals*. New York: Brunner/Mazel.

Noel, M.M. (1986). *Sexual Misconduct By Psychologists: Who Reports It?* Unpublished doctoral dissertation. Keene, N.H.: Antioch-New England Graduate School.

Pope, K.S., Speigle, P., and Tabachnik, B.G. (1986). Sexual attraction to clients: the human therapist and the (sometimes) inhuman training system. *American Psychologist*, 34, 682-689.

Sinclair, C. (1991). "Patient sexual abuse by psychologists" Symposium, Ethics and Policy Committee. Toronto: Ontario Psychological Association Annual Convention.

Skorina, J.K., DeSoto, C.B., and Bissell, L. (1990) Alcoholic Psychologists: Routes to Recovery. *Professional Psychology: Research and Practice*, 20 (4), 248-251.

Stake, J.E. and Oliver, J. (1991). Sexual contact and touching between therapist and client: a survey of psychologists' attitudes and behaviour. *Professional Psychology: Research and Practice, 22*, 297-307.